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Company: United States Patent and
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From: Louis Myers, Esq.
Phone: (617) 227-7400
Fax: (617) 742-4214 (note new fax no.)
Case No.: BGP-151CP (USSN 08/447,118)

Date: 05/22/98

Sent By:

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In re the application of Linda C. Burkly

Serial No. 08/447,118

Filed: May 22, 1995

For: TREATMENT FOR INSULIN DEPENDENT DIABETES

Case Docket No. BGP-151CP**VIA FACSIMILE**

ASSISTANT COMMISSIONER FOR PATENTS

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Washington, D.C. 20231

RECEIVED
MAY 22 1998
GROUP 1800

Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- ☒ Amendment After Final (9 pages);
- ☒ Request For A Three-Month Extension of Time Based on Large Entity Status (1 page, in duplicate);
- ☒ Notice of Appeal (1 page, in duplicate); and
- ☒ Executed Declaration, Petition and Power of Attorney (4 pages).
- ☒ Please charge our Deposit Account No. 12-0080 in the amount of \$310.00 in payment of the Notice of Appeal and \$950.00 in payment of the Three-Month Extension of Time Based on Large Entity Status for which a duplicate copy of this sheet is enclosed.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) |
|---|----------------------------------|----------|---------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA |
| TOTAL | 11 | MINUS | 24 | 0 |
| INDEP | 1 | MINUS | 4 | 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM | | | | |

| SMALL ENTITY | |
|--------------|-----------|
| RATE | ADDIT FEE |
| ▲ 11 = | \$0.00 |
| ▲ 41 = | \$0.00 |
| ▲ 135 = | \$0.00 |
| TOTAL | |
| ADDIT. FEE | \$0.00 |

OR

| OTHER THAN SMALL ENTITY | |
|-------------------------|-----------|
| RATE | ADDIT FEE |
| ▲ 22 = | \$ 00 |
| ▲ 82 = | \$ 00 |
| ▲ 270 = | \$ 00 |
| TOTAL | |
| | \$0.00 |

OR

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed

- ☐ A check in the amount of _____ is enclosed for presentation of extra claims.
- ☐ A check in the amount of _____ is enclosed for .
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I hereby certify that this correspondence is being facsimile transmitted to: Assistant Commissioner for Patents, Box AF, Washington, D.C. 20231 on:

May 22, 1998

Date

Louis Myers, Registration No. 35,965

Respectfully submitted,
LAHIVE & COCKFIELD

 Louis Myers
 Registration No. 35,965
 Attorney for Applicants

In re the application of Linda C. Burkly

Serial No. 08/447,118

Filed. May 22, 1995

For TREATMENT FOR INSULIN DEPENDENT DIABETES

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| (Col 1) | | (Col 2) | | (Col 3) |
|-------------------------------------|----|--------------------------------------|----|------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | | PRESENT EXTN. |
| TOTAL | 11 | MINUS | 24 | 0 |
| INDEP. | 1 | MINUS | 4 | 0 |

☐ FIRST PRESENTATION OF MULTIPLE DEP CLAIM

| SMALL ENTITY | |
|---------------------|---------------|
| RATE | ADDIT. FEE |
| ▲ 11 = | \$0.00 |
| ▲ 41 = | \$0.00 |
| ▲ 135 = | \$0.00 |
| TOTAL ADDIT. FEE | \$0.00 |

| OTHER THAN SMALL ENTITY | |
|----------------------------|---------------|
| RATE | ADDIT. FEE |
| ▲ 22 = | \$0.00 |
| ▲ 82 = | \$0.00 |
| ▲ 270 = | \$0.00 |
| TOTAL | \$0.00 |

- * If the entry in Col 1 is less than the entry in Col 2, write "0" in Col. 3.
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